



Montana Department of
REVENUE

Lottery Application

MONTANA
LOTAPP
Rev. 7-06

Return to:
Montana Department of Revenue
Liquor Control Division
P.O. Box 1712
Helena, MT 59604-1712

Section 1: Entity/Transaction

Check appropriate boxes: **If individual**, list individual's name

1. Business Entity **If corporation**, list corporate name and all stock holders owning 10% or more of the total stock
 Individual
 Corporation
 Other
If other:
 - If more than one individual, list all individuals' names
 - If a partnership, list partnership name and all individual partners' names
 - If LLC or LLP, list LLC/LLP name and all members names

2. Transaction

- New City Beer
- New "Floater" All-Beverage
- New Restaurant Beer/Wine
- New All-Beverage

3. City/County quota area:

Section 2: General Information

1. Name of Applicant/Business Entity _____
Address _____
City, State, Zip _____
Contact Person _____ Daytime Contact Phone _____

If applying for a Restaurant Beer/Wine License, answer the following:

- Has your restaurant existed for one year prior to the lottery deadline and have you operated it continuously since then? Yes No
If yes, what is the physical address of the premises _____
- If your business is seasonal, has your restaurant existed for one year prior to the lottery deadline and have you operated it continuously during your normal business season since then? Yes No
- Have you been an unsuccessful entrant in a previous restaurant beer/wine lottery held by the Department of Revenue? If yes, provide information requested. Yes No
Date of lottery _____ City where applied _____ Applicant name _____
- Is there currently a retail license for the sale of beer, wine, or any other alcoholic beverage issued to the above described location? Yes No
(If "yes" to this question, you do not qualify for entry into the lottery)
- Has there been a retail license for the sale of beer, wine or any other alcoholic beverages issued to the above described location within the last 12 months? Yes No If yes, explain.
License type and/or number _____
Explanation _____

Check the seating capacity for your restaurant 60 persons or less 61 to 100 persons 101 persons or more

Only one (1) lottery application per person will be accepted. "Person" as defined in ARM 42.12.401 means any individual, firm, partnership, limited liability company, corporation or association.

Section 3: Declaration and Affidavit

If my application is drawn in the lottery, I agree to return a completed license application, accompanying documents and the appropriate fees within 30 days of being notified that I was the successful applicant drawn in the lottery. I further understand that all responses concerning ownership on this application must match the license application or I will not be considered.

Signature

Date

Printed Name

Title

Note: If the applicant is a corporation, LLC or LLP the statement on the back must be completed.

Important: You must return only this lottery application by the deadline set in the publication notice. If the application is not complete it will be disqualified. For information or details concerning the deadline for the specific area you are applying for, please contact the department at 444-6900. Each lottery entrant will be notified.

Corporate Statement

The stockholders of the corporation are:

Name	Address	Social Security Number	Date of Birth	Number of Shares
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The officers and directors of the corporation are:

Name	Address	Title
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I _____ declare under penalty of false swearing that the information
Name
on this corporate statement is true and complete.

Date _____

Attach additional pages if necessary